



## PATIENT & COMMUNITY ADVISORY COUNCIL APPLICATION

PLEASE PRINT LEGIBLY ALL INFORMATION IN INK:

**Contact:**

Name: \_\_\_\_\_ Home: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_  
Preferred Contact: Home  Cell  Email   
Email: \_\_\_\_\_ DOB (Month/Day): \_\_\_\_\_

**Employer:**

Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Do you or a family member receive health services at Premier Community HealthCare? Yes:  No:

Are you willing to comply with the COVID-19 vaccination mandate and provide documentation? Yes:  No:

**Skills, Experience, and interests (please check all that apply).**

<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Personnel/HR	<input type="checkbox"/> List other: _____ _____ _____
<input type="checkbox"/> Legal	<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Healthcare	
<input type="checkbox"/> Business	<input type="checkbox"/> Education	
<input type="checkbox"/> Marketing		

Why are you interested in serving in this capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

